land in the country, which provides delicious fruits and vegetables the entire country enjoys year-round. Imperial County is also home to the largest body of water in California, the Salton Sea, as well some of the best Mexican food a person can find.

San Diego County draws its name from San Diego de Alcala, a designation credited to Spaniard Don Sebastian Vizcaino, who sailed into what is now San Diego Bay on November 12, 1603, and renamed it in honor of his flagship and his favorite saint. The County of San Diego was established by the State Legislature on February 18, 1850, as one of the original 27 counties of California with an estimated population of at least 3,490.

Today, almost 100,000 people and 5,000 businesses reside in San Diego's East County alone. Places like El Cajon, which means "the box" in Spanish because the city is completely surrounded by mountains, provides the perfect recreation spot with horseback riding, golf courses, campgrounds, parks and easy access to the many attractions of Southern California.

Another city in East County, La Mesa, is known as the "Jewel of the Hills" to the 56,000 people who call this desirable city their home. La Mesa's location places it close to the cultural facilities, sports, recreation and water-related activities afforded by its proximity to the county's metropolitan center, beaches and bays.

The 52nd Congressional District is made up of communities in which the residents and business people take an active role in protecting and enhancing the quality of living. The number of service clubs and organizations, school and church related groups, and other civic and social organizations, give tangible evidence of the vitality of its citizenry and their active interest in the community. It is a commitment to "community" that gives the 52nd a special identity.

H.R. 1323

The SPEAKER pro tempore (Mr. SHERWOOD). Under a previous order of the House, the gentleman from Texas (Mr. GREEN) is recognized for 5 minutes.

Mr. GREEN of Texas. Mr. Speaker, today I want to talk about legislation that I have been working on. It is H.R. 1323. H.R. 1323 deals with breast implants, an issue that has been the subject of many court cases now for a number of years.

On Monday, the Food and Drug Administration, the FDA, hosted a meeting to discuss research on silicone gel-filled implants, and I am grateful for the FDA in their willingness not only to meet with my own constituents but also other people on my staff on this issue and hopefully will continue to dialogue with the FDA to ensure that women get the information they need on the safety of the implants.

However, the research indicates that platinum salts have been released by silicone gel-filled implants. This is significant information because the platinum salt in certain form is known to be toxic. New technology has allowed scientists to determine that the platinum used as a catalyst in making the gel and the shell of the gel-filled breast implant is being released into the body of women in a harmful toxic form.

Last week, the FDA released information on their web site citing breast implant complications. This is a victory for the consumer advocates who have been working to provide more information to women who are considering implants. However, the information provided in this web site does not include the recent findings on the toxicity of platinum salts found in gel-filled implants.

Women need to know how harmful the release of platinum in their body and to their children who may be nursing can do to them. It has come to my attention that children who breast-feed from mothers with silicon brevity implants may also experience harmful body excess from the toxicity symptoms of exposure of platinum salts.

Symptoms of exposure to platinum in a reactive form can also cause fatigue, dry eyes, dry mouth, joint inflammation, hair loss and also rashes.

As a sponsor of the Silicon Breast Implant Research and Information Act, I believe that the need for more research is especially compelling in light of the FDA's own study on the rupture of silicone breast implants.

On May 18 of this year, Dr. S. Lori Brown's research showed that 69 percent of the women with implants had at least one ruptured breast implant. The FDA concluded that the rupture of silicon breast implants is the primary concern although the relationship of the free silicon to the development or progression of the disease is unknown.

We do know there is a rupture of silicon into the body, but we do not know the impact. That is why we need more research by the FDA.

I heard from my own constituents over the last number of years and literally women across the country, Mr. Speaker, who have suffered from the long-term consequences of reconstruction and cosmetic surgery. They have experienced infections, chronic pain, deformity and implant rupture, inaccurate mammography readings due to the implant concealing breast tissue and difficulties in getting health insurance to pay for the high costs of repeated surgeries. The cost of faulty implants is paid by all of us in the system even if it is not covered by insurance.

The Institute of Medicine estimated that by 1997, 1.5 million to 1.8 million American women had breast implants with nearly one-third of these women being breast cancer survivors. The American Plastic and Reconstruction Surgeons cited breast augmentation as the most popular procedure for women ages 19 through 34. In 1998, nearly 80,000 women in this age bracket received breast implants for purely cosmetic reasons. By 1999, an additional 130,000 women received saline breast implants.

In spite of the escalating numbers, very little is known about the long-term effects of silicone or platinum in the body. Few patients understand that even when they opt for saline breast implants, the envelope of the implant is made of silicon.

Following the FDA's decision to approve saline breast implants, the agency did warn women of the potential risk. FDA officials called upon implant manufacturers and plastic surgeons to ensure that thorough patient information is provided to women before they undergo the surgery.

Mr. Speaker, with the FDA approval process behind us, the only course of action to safeguard the future of women is that of an informed consent document. Somehow, a piece of paper cannot make up for a manufacturer's insufficient data or the retrieval analysis. It cannot make up for inaccurate labeling and even risk estimates.

There is so much we do not know, and yet the one government agency mandated to safeguard the public's food, drug and medical devices is moving so slow on this issue that could jeopardize women with a medical device that has alarmingly high failure rates.

In spite of the agency's call for post-market studies, the FDA approval of saline breast implants provides no incentive for the manufacturers to make data better or a safer medical device.

Mr. Speaker, hopefully the FDA will continue their research.

REASONS FOR ECONOMIC PROSPERITY IN AMERICA

The SPEAKER pro tempore. Under the Speaker's announced policy of January 6, 1999, the gentleman from California (Mr. CUNNINGHAM) is recognized for 60 minutes as the designee of the majority leader.

Mr. CUNNINGHAM. Mr. Speaker, before I get into my special order, I would like to address the remarks of one of my colleagues just previously on a 5-minute. He made a statement that Governor Bush would replace Medicare with insurance companies. I have never heard something so laughable. Are the Democrats so desperate that they have got to spin something that is absolutely not true?

Mr. Speaker, I have never heard something so ridiculous. The gentleman may speak of his own opinion, but I would say that the gentleman is factually challenged. First, 70 percent of Americans have insurance, both for healthcare or for prescription drugs, and they want to keep that. Unfortunately, there is a large portion of the American population that has neither healthcare nor prescription drugs.

Governor Bush wants to make sure that those people are taken care of.